

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960

-60-029539

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3001 Registrar's No. 216

IDED

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in lb 1 day		c. CITY OR TOWN Centralia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 438 South Allen		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle S. Last Williamson				4. DATE OF DEATH Month Sept Day 7 Year 1960			
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/16/1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HR Hours 21 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-MFA Agent-Insurance		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Beaver City, Nebr.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harry S. Williamson		13b. MOTHER'S MAIDEN NAME Dora Green		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT George S. Williamson, Centralia, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: mesenteric thrombosis; thrombosis of IMMEDIATE CAUSE (a) renal arteries with aneuria due to di- secting aneurysm of aorta DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 hours
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Centralia, Missouri		
21. I attended the deceased from 2-7-56 to 9-7-60 and last saw him alive on 9-7-60 Death occurred at 8/15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Robt J. Ward, M.D.	22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 9-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 10, '60	23c. NAME OF CEMETERY OR CREMATORY Centralia
24. FUNERAL DIRECTOR Wm. C. Meador	25. DATE RECD. BY LOCAL REG. Sept 9-1960	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 5 1981

DEC 8 1981

SEP 13 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bill J. Meador

Licensed Embalmer No. 487

P. O. Address Antealia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.